STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN FRANCISCO
SAN FRANCISCO, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

3801 — 908
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. NAME OF DECEASED—FIRST NAME	Elsie
1B. MIDDLE NAME	Lincoln
1C. LAST NAME	Benedict
2A. DATE OF DEATH—MONTH, DAY, YEAR	February 5, 1970
2B. HOUR	2:30 a.M.
3. SEX	Female
4. COLOR OR RACE	White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Colorado
6. DATE OF BIRTH	Nov. 2, 1885
7. AGE (LAST BIRTHDAY)	84 YEARS
IF UNDER 1 YEAR (MONTHS / DAYS)	
IF UNDER 24 HOURS (HOURS / MINUTES)	
8. NAME AND BIRTHPLACE OF FATHER	Unknown - Unknown
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	Unknown - Unknown
10. CITIZEN OF WHAT COUNTRY	U.S.A.
11. SOCIAL SECURITY NUMBER	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Widow
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
14. LAST OCCUPATION	At Home
15. NUMBER OF YEARS IN THIS OCCUPATION	
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	
17. KIND OF INDUSTRY OR BUSINESS	

PLACE OF DEATH

Field	Entry
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	Presbyterian Hospital
18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	Clay & Webster Streets
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	Yes
18D. CITY OR TOWN	San Francisco
18E. COUNTY	San Francisco
18F. LENGTH OF STAY IN COUNTY OF DEATH	25 YEARS
18G. LENGTH OF STAY IN CALIFORNIA	25 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

Field	Entry
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	575 Corbett Avenue
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	Yes
19C. CITY OR TOWN	San Francisco
19D. COUNTY	San Francisco
19E. STATE	California
20. NAME AND MAILING ADDRESS OF INFORMANT	Dorothy H. Hansen, 575 Corbett Ave., S.F., Calif.

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AN (INVESTIGATION OR INQUEST)	
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED (ENTER MONTH, DAY, YEAR) FROM / TO / LAST SAW	Jun 1969 / Feb 4, 70 / Feb 4, 70
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	C.D.F. Rixford, M.D. [signature] M.D.
21D. DATE SIGNED	2/6/1970
21E. ADDRESS	490 Post Street, S.F. CA.
21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	A05348

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	Cremation
22B. DATE	2/6/1970
23. NAME OF CEMETERY OR CREMATORY	Woodlawn Mem. Park, Colma, California
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER	NOT EMBALMED
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Halsted & Co.
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	Yes
27. LOCAL REGISTRAR—SIGNATURE	[signature]
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	FEB. - 6 1970

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

	Cause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Mesentery Thrombosis	2 d
DUE TO, OR AS A CONSEQUENCE OF (B)	Arteriosclerosis	
DUE TO, OR AS A CONSEQUENCE OF (C)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

Field	Entry
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I	
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	Exploratory Lap
32A. AUTOPSY (SPECIFY YES OR NO)	No
32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	

INJURY INFORMATION

Field	Entry
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)	
36A. DATE OF INJURY—MONTH, DAY, YEAR	
36B. HOUR	M.
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19	MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					204

REV. 1-1-68 Form VS-11

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO } ss

000370774

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN FRANCISCO COUNTY CLERK.

ATTEST ALEX LIANG [signature]

DATE ISSUED JUN 13 2019

DIANE REA
SAN FRANCISCO COUNTY CLERK

This copy is not valid unless prepared on an engraved border displaying the date and signature of the Deputy County Clerk.

06/18

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE